



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY
STATE ATHLETIC COMMISSION

RECORD OF MEDICAL EXAMINATION

(MUST BE COMPLETED WITHIN THIRTY DAYS OF
SUBMISSION OF APPLICATION FOR LICENSURE)

BACKGROUND

FIGHTER'S NAME: _____ FIGHTER'S D/O/B: _____

DATE OF EXAMINATION: _____ HEIGHT: _____ WEIGHT: _____

NAME OF EXAMINING PHYSICIAN: _____

ADDRESS OF PHYSICIAN: _____

TELEPHONE # OF PHYSICIAN: _____

STATE IN WHICH PHYSICIAN IS LICENSED TO PRACTICE MEDICINE: _____

INSTRUCTIONS

All applicants for licensure as an unarmed combatant in Massachusetts must undergo a complete physical examination, including neurological and cardiac testing, by a licensed physician. The examination must include a review by the physician of the medical records identified below. Applicants should be in excellent health at the time of the examination in order for the examining physician to approve of licensing the individual. This form must be completed by the examining physician and given to the applicant so that it may be submitted to the Commission along with their application for licensure as an unarmed combatant. The physical examination and corresponding review of medical documentation may not take place more than **thirty days** prior to the submission of an application.

MEDICAL HISTORY

Has this individual ever suffered a concussion? ☐ YES ☐ NO

If yes, please provide date(s) and circumstances: _____



Does this individual wear contact lenses? ☐ YES ☐ NO

Has this individual undergone LASIK eye surgery? ☐ YES ☐ NO

(If yes, clearance to fight must be obtained from an optometrist or ophthalmologist prior to licensure.)

Please identify any present medical issues or past conditions you believe the Commission should be aware of in determining whether to license this individual as a professional combatant:

REVIEW OF MEDICAL RECORDS

The examining physician must review the records identified below and check the box indicating that the review has been performed. Please ensure that the examinations were performed within **30 days** of the review. The reviewing physician must be left satisfied that the records are authentic. The reviewed medical records must be attached to this form and submitted to the Commission.

- ☐ RECORD OF PHYSICAL EXAMINATION PERFORMED IN CONJUNCTION WITH THIS REVIEW
- ☐ EVIDENCE OF AN ASYMPTOMATIC ELECTROCARDIOGRAM (EKG) WITHIN **30 DAYS** PRECEDING THE DATE OF THE EXAMINATION
- ☐ EVIDENCE OF A NEGATIVE TEST FOR HIV, HEPATITIS BSAG, AND HEPATITIS CAB WITHIN **30 DAYS** PRECEDING THE DATE OF THE EXAMINATION
- ☐ EVIDENCE OF AN ASYMPTOMATIC DILATED EYE EXAMINATION BY AN OPTOMETRIST OR OPHTHALMOLOGIST WITHIN **30 DAYS** PRECEDING THE DATE OF EXAMINATION.
- ☐ (IF APPLICABLE) EVIDENCE OF AN ASYMPTOMATIC BRAIN CT, BRAIN MRI, OR NEUROLOGICAL EXAMINATION PERFORMED BY A NEUROLOGIST OR NEUROSURGEON WITHIN **5 YEARS** PRECEDING THE DATE OF EXAMINATION

PHYSICIAN ATTESTATION

I hereby attest that I have examined the above named individual and reviewed all of the medical records identified above. I am aware that this individual seeks to be licensed as an unarmed combatant. In my medical opinion this individual does not suffer from any known conditions which should prevent them from competing and is otherwise presently fit to be licensed as a professional unarmed combatant.

NAME OF PHYSICIAN (PRINT)

SIGNATURE OF PHYSICIAN

DATE

